

# Youth and Adult Specialized Recreation Programs

## Summer 2022 Participant Registration Form

### June 13-July 28, 2022



#### REGISTRATION (choose all that apply):

- ☐ **CAMP SUMMERTIME: AGES 13-21 (M/W, 1-4pm)** SSPCS-102PH  
Putnam Heights Shelter, 530 W. Tyler Avenue  
☐ Program Fee: \$60.00  
☐ ECASD Resident Discounted Fee: \$20.00
- ☐ **CAMP SUMMERTIME: AGES 6-12 (T/Th, 1-4pm)** SSPCS-101PH  
Putnam Heights Shelter, 530 W. Tyler Avenue  
☐ Program Fee: \$60.00  
☐ ECASD Resident Discounted Fee: \$20.00
- ☐ **PAR-TE-REC: AGES 18+ (Wednesdays, 6-8pm)**  
Boyd Park, 1202 Fairway Street  
☐ \$4.00 Daily Registration (add me to the Par-te-Rec List, I will pay at the door) SSPPR-101BO  
☐ \$28.00 Season Pass SSPPR-102BO



#### PARTICIPANT INFORMATION: All information is confidential.

Please print clearly.

Please note: We do not administer medication during program hours. Please make arrangements accordingly.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Participant Telephone # \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Chronological Age: \_\_\_\_\_ (Circle One) Male or Female  
Participant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Is the participant an Eau Claire Area School District Resident? (Circle One) Yes No

School Attending in Fall '22 (if applicable): \_\_\_\_\_

Disability & related medical conditions (please be specific such as type of seizure and warning signs): \_\_\_\_\_

Independent Toilet Skills (Circle One): Yes No Can be moved from wheelchair for transportation (if applicable): Yes No

#### Behavioral Considerations:

Describe behavioral concerns/issues: \_\_\_\_\_

Please list calming or de-escalating activities that work best for the participant: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_ Telephone (H/Cell): \_\_\_\_\_ (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(if different from participants address)

E-mail Address (please print clearly): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

I understand participation in Parks and Recreation programs involves and element of risk or danger for all participation and may cause serious injury, death, or property loss. I agree to assume these risks for my family and release the City of Eau Claire, its employees, and other participants from any liability, for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

#### PLEASE RETURN TO:

Eau Claire Parks & Recreation  
915 Menomonie Street  
Eau Claire, WI 54703  
Fax: (715) 839-1685  
Register Online: <http://activenet.active.com/Eauclaire/>

#### For Office Use Only

Receipt # \_\_\_\_\_

Initials \_\_\_\_\_ Date: \_\_\_\_\_